No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9663

State File No.

Mc Graw

FILED APR 8 1954

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 Lillian St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN: Bolivar
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 120 Lillian St

0841

3. NAME OF DECEASED (Type or Print)
a. (First): Mettie
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Mar 26 1954

5. SEX: F
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 2 1882
9. AGE (In years last birthday): 71 — If under 1 year: Months 10, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and State or Foreign Country): Polk Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: L. B. Johnson
13b. MOTHER'S MAIDEN NAME: Emma Stewart
14. NAME OF HUSBAND OR WIFE: R. B. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude Beaman
ADDRESS: Bolivar Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe 2° burn to right ~~thigh~~ 4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/2, 19~~54~~, *to* 3/26, 19~~54~~, *that I last saw the deceased alive on* 3/25, 19~~54~~, *and that death occurred at* 3:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. C. McLean
(Degree or title): MD
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: 4/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 28, 1954
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Bolivar Mo

DATE REC'D BY LOCAL REG.: Apr. 3, 1954
REGISTRAR'S SIGNATURE: Ralph Gordon per Juell Gordon
25. FUNERAL DIRECTOR'S SIGNATURE: Ervin & Blue
ADDRESS: Bolivar Mo

(Licensed Embalmer's Signature on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...4/

P. O. Address.Bolive

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.